

Medicaid



Medicaid is a joint Federal and state program that helps with medical costs for:

- Some people with low incomes and limited resources, and
- Certain people with disabilities.

The Federal government sets general guidelines for the Medicaid program, while each state sets specific requirements. Medicaid programs vary from state to state, but if you qualify for both Medicare and Medicaid, most health care costs are covered.

Basics

States are required to include certain individuals or “eligibility” groups under their Medicaid plans. They may choose to include other groups. States are required to cover the groups listed below.

- In most cases, you must be a pregnant woman, a child, a member of a limited income family, or must be aged, blind, or disabled.
- You must meet state income and resource standards, and certain other requirements.
- You must be a resident of the state, and be a U.S. citizen or a qualified immigrant. Legal immigrants can also qualify under certain circumstances depending on their date of entry into the country. Undocumented aliens can’t qualify, except for emergency care.

Income Limits and Medicaid

The amount of money you can make and still get Medicaid varies depending on the eligibility group you fall into. Each state sets an income limit for each Medicaid eligibility group and determines what income counts towards that limit. Contact your local Medicaid office or your state to find out what the income limits are and how much of your income counts.

Applying for Medicaid

You apply for Medicaid in the state in which you live. You can obtain and submit an application at your local Medicaid office. The telephone number for your local office can be found in the telephone book or by calling **1-800-MEDICARE** (1-800-633-4227).

Some states let you apply on the Internet, by telephone, or at locations in the community, such as community health centers.

Most states have a toll-free number to help answer your questions. The toll-free operators can provide you information on how and where to apply. You can find the state contact information at www.cms.hhs.gov/medicaid/statemap.asp on the Web by selecting your state program from the map.

Medicaid and Medicare Prescription Drug Coverage

Starting January 1, 2006, if you have both Medicare and full Medicaid benefits, you will no longer receive drug coverage through Medicaid. Medicare will provide your prescription drug coverage instead of Medicaid. You can enroll beginning November 15, 2005. If you have Medicare and full Medicaid benefits and don’t choose a Medicare prescription drug plan by December 31, 2005, Medicare will enroll you in one. However, you will be able to change plans at any time. Some state Medicaid programs may cover those prescriptions that won’t be covered under a Medicare prescription drug plan. For more information, contact your state’s Medicaid program.

Medicaid Coverage for Breast and Cervical Cancer Prevention and Treatment

The Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) of 2000 allows states the option to provide full Medicaid coverage to women who otherwise would not have health care coverage for breast and/or cervical cancer for the duration of their treatment. For further information about BCCPTA, visit www.cms.hhs.gov/bccpt/default.asp on the Web.

You May Need to Know

To find the telephone number for the local Medicaid office, visit www.cms.hhs.gov/medicaid/mcontact.asp on the Web, or call your local Social Security office.